

Cartwright School District No. 83
ATKINSON PUBLIC SCHOOL CHOICE APPLICATION

This form is to be returned ONLY if you are applying for Public School Choice transfer for your child. If you do not wish to transfer for Public School Choice, you do not have to take any action. Return Public School Choice application to: school currently attending or to Cartwright School District: Federal Projects & Grant Department. Application must be received by 4:00pm, August 15, 2011.

Student's Name _____ 2011-2012 Grade: _____

(Last Name)

(First Name)

(Middle I.)

Date of Birth: _____

Parent /Guardian: _____
(Last Name) (First Name) (Middle I.)

Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Work Number: _____ Cell: _____

School currently attending:

School _____ District: Cartwright School District

I have read the letter regarding public school choice options. I am requesting that my child be transferred to:
Public School Choice (*please check only one*):

☐ Cartwright

Note: The following conditions apply to the Public School Choice:

1. The Public School Choice application must be completed and submitted back to your school on or before 4:00pm, August 15, 2011. Applications will not be accepted after the deadline date.
2. The number of students eligible to transfer is limited by the amount of funds available to pay for transportation.
3. At this time transportation for your child will be provided if needed. If transportation is needed please let the school office know. Prior to beginning of school you will be notified with the transportation schedule. **Please note: transportation will be from your home school to your public school of choice**

The signature affirms that the student will abide by the rules, standards and policies of the school and the District if enrolled.

Signature of Parent or Legal Guardian _____ Date _____

Date received:

Received by:

Transportation needed:

School use only:

_____ YES _____ NO

District Approval:

District Signature:

Transportation Approved:

District use only:

_____ Yes _____ No

_____ Yes _____ NO

Distribution Copies: Send Original Copy to Educational Services: Susan Gibson for Approval
Public School Choice 2011-2012